# **Oncology Clinical Pathways Salivary Gland Cancer**

April 2022 - V1.2022







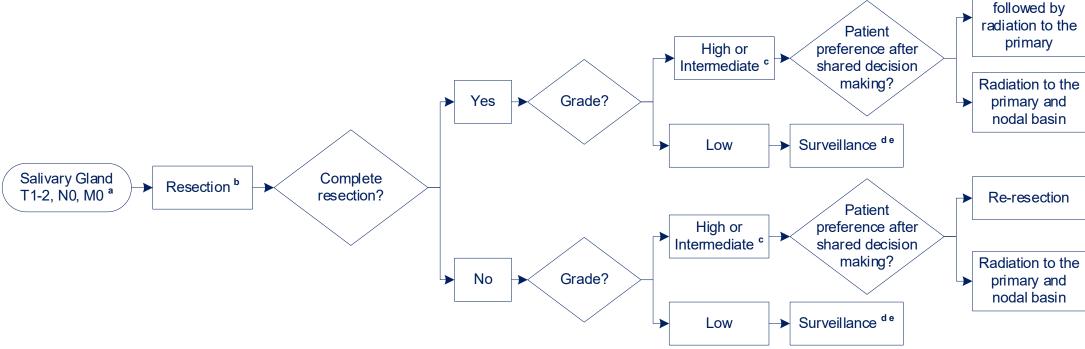
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#### Salivary Gland Cancer - T1-2, N0, M0



Clinical trial(s) always considered on pathway.

- <sup>a</sup> Adverse Features include positive margins, neural invasion, lymphovascular invasion
- <sup>b</sup> Resection surgical operations may be staged if needed dependent on pathology of primary tumor
- <sup>c</sup> High or Intermediate Grade includes adenoid cystic
- <sup>d</sup> Surveillance consider resection if low morbidity
- <sup>e</sup> Adenoid Cystic consider long-term surveillance > 5 years

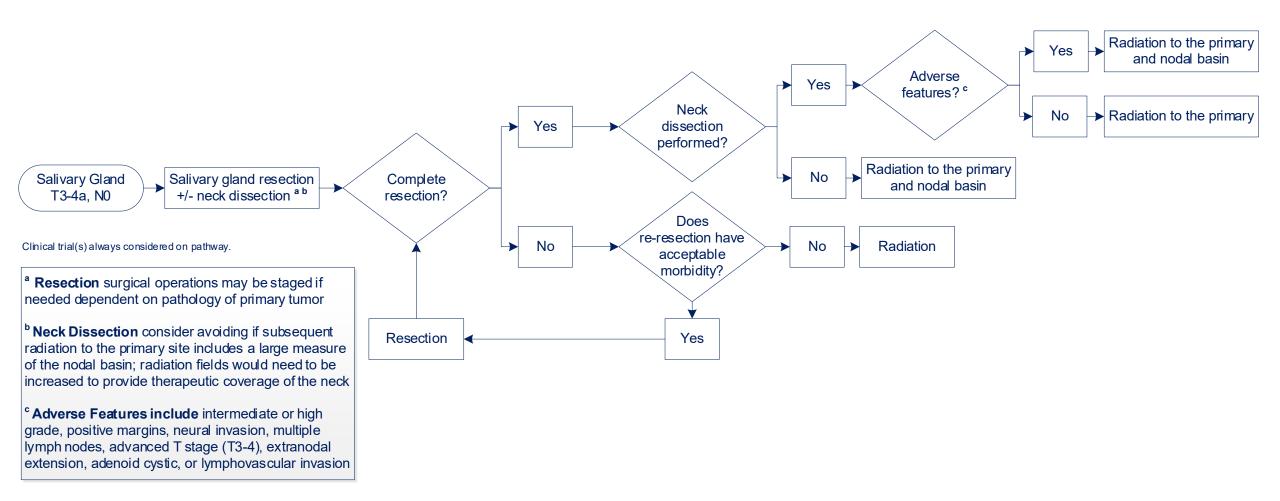






Neck dissection

#### <u>Salivary Gland Cancer – T3-4a, N0</u>

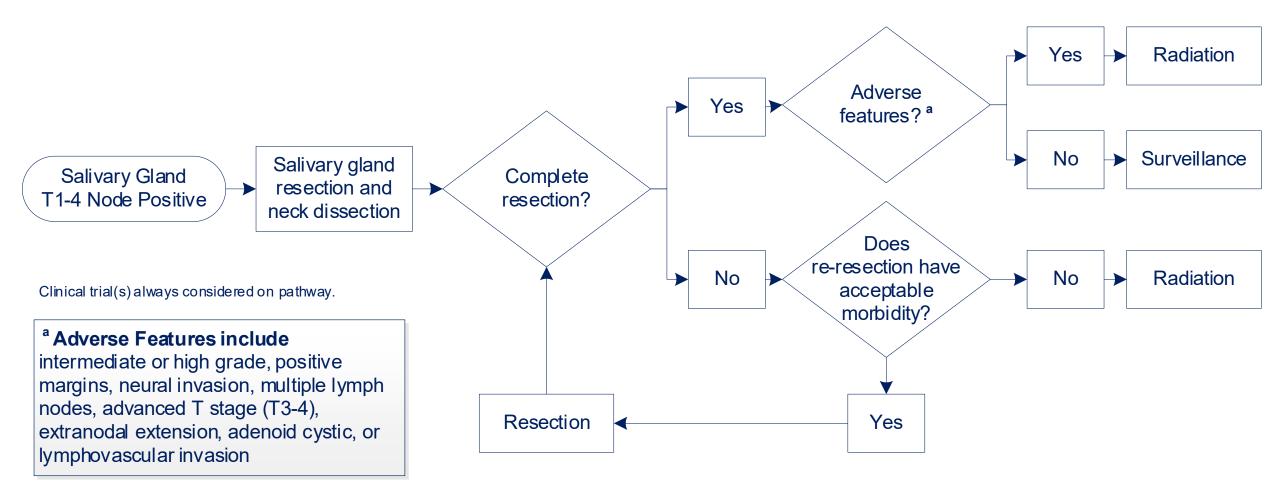








#### <u>Salivary Gland Cancer – T1-4 Node Positive</u>

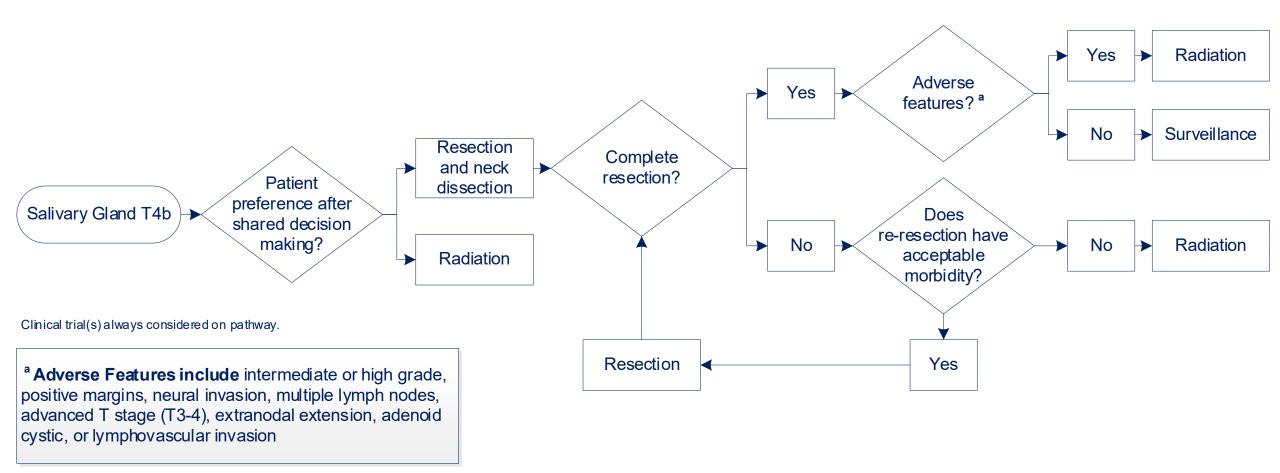








#### **Salivary Gland Cancer – T4b**

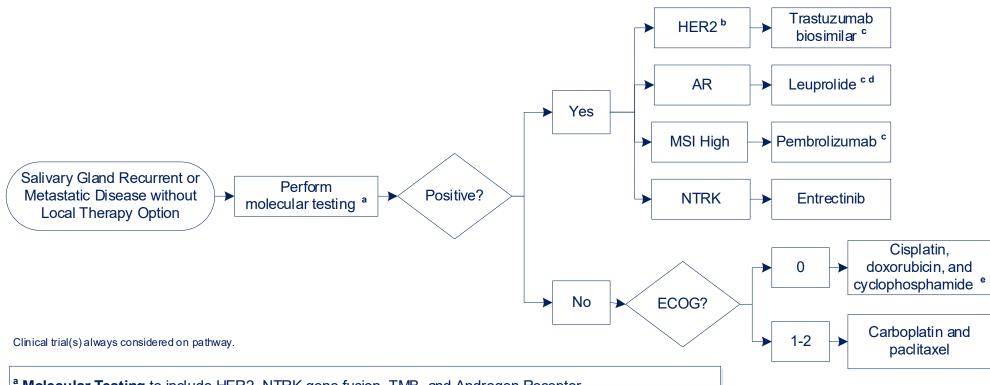








#### <u>Salivary Gland Cancer – Recurrent or Metastatic Disease</u>



- <sup>a</sup> Molecular Testing to include HER2, NTRK gene fusion, TMB, and Androgen Receptor
- b HER2 includes IHC, considered positive if 3+; if 2+ perform FISH testing
- <sup>c</sup> Evidence base is limited; limited data from phase 2 clinical trials; abiraterone is an acceptable alternative
- <sup>d</sup> Leuprolide prescribe for both men and women; in women, either pre or post menopause
- e Cisplatin, doxorubicin, and cyclophosphamide evaluate cardiovascular risk factors with baseline LVEF







## **Questions?**

Contact VHAOncologyPathways@va.gov





